

Fill in this information to identify the case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF TEXAS

Case number (if known): Chapter 7

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Careparth Healthcare System, LLP
2. All other names debtor used in the last 8 years
- Include any assumed names, trade names and *doing business as* names
3. Debtor's federal Employer Identification Number (EIN) 2 6 - 3 6 2 4 1 4 4
4. Debtor's address
- | Principal place of business | Mailing address, if different from principal place of business |
|-------------------------------|---|
| <u>c/o Daniel Ezeukwu</u> | |
| Number Street | Number Street |
| <u>2951 Arenoso</u> | |
| | P.O. Box |
| | |
| <u>Grand Prairie TX 75054</u> | |
| City State ZIP Code | City State ZIP Code |
| | |
| <u>County</u> | Location of principal assets, if different from principal place of business |
| | |
| | Number Street |
| | |
| | City State ZIP Code |
5. Debtor's website (URL) _____
6. Type of debtor
- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- ☐ Partnership (excluding LLP)
- ☐ Other. Specify: _____

Debtor Careparth Healthcare System, LLP Case number (if known) _____

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>

____ _

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11.

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

Check all that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, AND IT CHOOSES TO PROCEED UNDER SUBCHAPTER V OF CHAPTER 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- ☐ Chapter 12

Debtor Careparth Healthcare System, LLP Case number (if known) _____

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?
- ☐ No
- ☒ Yes. District Northern District of Texas When 06/10/2022 Case number 22-41333-EK
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
- ☐ Yes. Debtor _____ Relationship _____
District _____ When _____
Case number, if known _____ MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Debtor _____ Relationship _____

District _____ When _____
Case number, if known _____ MM / DD / YYYY

11. Why is the case filed in this district?
- Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Debtor Careparth Healthcare System, LLP Case number (if known) _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*
☐ Funds will be available for distribution to unsecured creditors.
☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.
14. Estimated number of creditors
☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000
☐ 50-99 ☐ 5,001-10,000 ☐ 50,001-100,000
☐ 100-199 ☐ 10,001-25,000 ☐ More than 100,000
☐ 200-999
15. Estimated assets
☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☒ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion
16. Estimated liabilities
☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor
- ☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
 - ☒ I have been authorized to file this petition on behalf of the debtor.
 - ☒ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/11/2023
MM / DD / YYYY

X /s/ Daniel Ezeukwu

Signature of authorized representative of debtor

Daniel Ezeukwu

Printed name

Managing Partner

Title

Debtor Careparth Healthcare System, LLP Case number (if known) _____

18. Signature of attorney **X** /s/ Marilyn D. Garner Date 08/11/2023
Signature of attorney for debtor MM / DD / YYYY

Marilyn D. Garner
Printed name

Law Office Of Marilyn D. Garner
Firm name

2001 E. Lamar Blvd., Suite 200
Number Street

Arlington **TX** **76006**
City State ZIP Code

(817) 505-1499 **mgarner@marilyndgarner.net**
Contact phone Email address

07675550 **TX**
Bar number State

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

In re **Careparth Healthcare System, LLP**

Case No. _____

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u>\$4,000.00</u>
Prior to the filing of this statement I have received.....	<u>\$4,000.00</u>
Balance Due.....	<u>\$0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

I further certify that the Debtor(s) have been advised and understand that I have the right to seek compensation on an hourly basis for all of the work done on this case by proper application to the Court. This includes but is not limited to:

**Issues that arise that are not specifically listed in the Retainer;
Objections to or defense of claims to prevent Discharge by client, including those related to IRS debt, student loans or marital debt;
Motions for relief, continuation, defense or enforcement of the Automatic Stay;
Motions to Redeem Personal Property;
Motions to Avoid Liens or Judgments;
Contested matters, including but not limited to objections to exemptions, objections to claims and related hearings;
Discovery or Adversary Proceedings;
Amendments to Schedules;
Motions to continue the 341 meeting of creditors and/or appearing for a continued 341 hearing;
Motions to abandon/refinance/sell/purchase property;
Assistance with or coordinating turnover of property pursuant to Debtor's Statement of Intentions;
Monitoring an "asset case;"
Re-opening a bankruptcy case to submit post-filing proof of pre-discharge counseling;
Defense of Objection to Discharge or Motion to Dismiss Case;
Negotiation, review and execution of Reaffirmation Agreement;
Appearance at a hearing to prove up a Reaffirmation Agreement;
Motions to Assume a contract or lease;
Dishonored check and Insufficient Funds/NSF transactions resulting in fees to the Firm;
Appointment/Meeting cancellation without prior notice;
U.S. Trustee audit/injury/investigation;
U.S. Trustee Motion to Dismiss for abuse under 11 U.S.C. §707 (a) or (b);
Adversary proceedings by any creditor or party in interest; and
Motion or actions to compel turnover of assets or property to debtor including levies, garnishments, etc.**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

08/11/2023

Date

/s/ Marilyn D. Garner

Marilyn D. Garner
Law Office Of Marilyn D. Garner
2001 E. Lamar Blvd., Suite 200
Arlington, TX 76006
Phone: (817) 505-1499 / Fax: (817) 549-7200

Bar No. 07675550

Fill in this information to identify the case	
Debtor name	Careparth Healthcare System, LLP
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF TEXAS
Case number (if known)	

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets -- Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents			
<p>1. Does the debtor have any cash or cash equivalents?</p> <p><input checked="" type="checkbox"/> No. Go to Part 2.</p> <p><input type="checkbox"/> Yes. Fill in the information below.</p>			
All cash or cash equivalents owned or controlled by the debtor			Current value of debtor's interest
2. Cash on hand			
3. Checking, savings, money market, or financial brokerage accounts (Identify all)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
4. Other cash equivalents (Identify all)			
Name of institution (bank or brokerage firm)			
5. Total of Part 1			
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.			\$0.00

Part 2: Deposits and prepayments	
<p>6. Does the debtor have any deposits or prepayments?</p> <p><input checked="" type="checkbox"/> No. Go to Part 3.</p> <p><input type="checkbox"/> Yes. Fill in the information below.</p>	

Debtor **Careparth Healthcare System, LLP** Case number (if known) _____
Name

Current value of
debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$0.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

11. Accounts receivable

11a. 90 days old or less: _____ - _____ = → _____
face amount doubtful or uncollectible accounts

11b. Over 90 days old: _____ - _____ = → _____
face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method
used for current value

Current value of
debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: _____ % of ownership: _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes. Fill in the information below.

Debtor

Careparth Healthcare System, LLP

Case number (if known)

Name

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
23. Total of Part 5				\$0.00
Add lines 19 through 22. Copy the total to line 84.				
24. Is any of the property listed in Part 5 perishable?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes				
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes. Book value Valuation method Current value				
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes				

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.

☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals Examples: Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6.			\$0.00
Add lines 28 through 32. Copy the total to line 85.			
34. Is the debtor a member of an agricultural cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Book value Valuation method Current value			
36. Is a depreciation schedule available for any of the property listed in Part 6?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			

Debtor **Careparth Healthcare System, LLP** Case number (if known) _____
Name

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48. Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor **Careparth Healthcare System, LLP** Case number (if known) _____
Name

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	---	---	---------------------------------------

55.1. 7440 Mansfield Cardinal Rd Arlington, TX 7440 Mansfield Cardinal Road, Arlington, TX	Land	\$582,750.00		\$582,750.00
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56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$582,750.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

Debtor Careparth Healthcare System, LLP Case number (if known) _____
Name

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

75. Other contingent and unliquidated claims or causes of action of every nature,
including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor **Careparth Healthcare System, LLP** Case number (if known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.</i> →		<u>\$582,750.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$0.00</u>	91b. <u>\$582,750.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$582,750.00</u>

Fill in this information to identify the case:

Debtor name Careparth Healthcare System, LLP

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the
value of collateral.

Column B
Value of collateral
that supports
this claim

2.1	Creditor's name <u>Tarrant County</u>	Describe debtor's property that is subject to a lien <u>7440 Mansfield Cardinal Road, Arlington, TX</u>	<u>\$30,000.00</u>	<u>\$582,750.00</u>
	Creditor's mailing address <u>100 E. Weatherford</u>	Describe the lien <u>Property Taxes / Statutory Lien</u>		
	<u>Fort Worth TX 76196</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known _____	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Last 4 digits of account number _____			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.			

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$30,000.00

Fill in this information to identify the case:

Debtor

Careparth Healthcare System, LLP

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF TEXAS

Case number (if known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).
- ☐ No. Go to Part 2.
 ☒ Yes. Go to line 2.
2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.
- If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
<div>2.1</div> <div>Priority creditor's name and mailing address</div> <div>As of the petition filing date, the claim is: <i>Check all that apply.</i></div> <div>Internal Revenue Services</div> <div>P.O. Box 7346</div> <div></div> <div>Philadelphia PA 19101</div> <div>Date or dates debt was incurred</div> <div></div> <div>Last 4 digits of account number</div> <div></div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</div>	<div>\$823,000.00</div>	<div>\$0.00</div>
<div> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed </div> <div>Basis for the claim:</div> <div>940/941 Taxes</div> <div>Is the claim subject to offset?</div> <div> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>		

Debtor **Careparth Healthcare System, LLP** Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3.1</div> Nonpriority creditor's name and mailing address <div style="border-bottom: 1px solid black; margin-bottom: 5px;">A/B Mac</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Palmetto GBA, LLC</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">P O Box 100277</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Columbia SC 29202</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date or dates debt was incurred</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Last 4 digits of account number _ _ _ _</div>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Line of Credit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$910,000.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3.2</div> Nonpriority creditor's name and mailing address <div style="border-bottom: 1px solid black; margin-bottom: 5px;">American Express</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">P O Box 650448</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Dallas TX 75265-0448</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date or dates debt was incurred</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Last 4 digits of account number _ _ _ _</div>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$40,429.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3.3</div> Nonpriority creditor's name and mailing address <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Anderson County</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">703 Mallard</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Suite 104</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Palastine TX 75801</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date or dates debt was incurred</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Last 4 digits of account number _ _ _ _</div>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Line of Credit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3.4</div> Nonpriority creditor's name and mailing address <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Capital One</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">P O Box 60599</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">City of Industry CA 91716</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date or dates debt was incurred</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Last 4 digits of account number _ _ _ _</div>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$21,306.00</div>

Debtor Careparth Healthcare System, LLP Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.5</div> Nonpriority creditor's name and mailing address <u>Daniel Ezeukwu</u> <u>2951 Arenoso</u> <u>Grand Prairie TX 75054</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Line of Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$210,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.6</div> Nonpriority creditor's name and mailing address <u>Dr. Ike Nwabude</u> <u>5720 Appalossa Dr</u> <u>Grand Prairie TX 75052</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Line of Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$100,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.7</div> Nonpriority creditor's name and mailing address <u>Homecare Rehab</u> <u>2400 U S 287</u> <u>Frontage Rd</u> <u>Suite 108</u> <u>Mansfield TX 76063</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Line of Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,200.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.8</div> Nonpriority creditor's name and mailing address <u>Hosanna Investment LLC</u> <u>2951 Arenoso</u> <u>Grand Prairie TX 75054</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Line of Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$325,000.00</u>

Debtor Careparth Healthcare System, LLP Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

		Amount of claim
3.9 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$55,220.54</u>
<u>Medline Industries</u>	<input type="checkbox"/> Contingent	
<u>Dept 1080</u>	<input type="checkbox"/> Unliquidated	
<u>P O Box 121080</u>	<input type="checkbox"/> Disputed	
<u>Dallas TX 75312</u>	Basis for the claim:	
	<u>Line of Credit</u>	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3.10 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$154,100.00</u>
<u>National Home</u>	<input type="checkbox"/> Contingent	
<u>7501 Esters Blvd</u>	<input type="checkbox"/> Unliquidated	
<u>Ste 100</u>	<input type="checkbox"/> Disputed	
<u>Irving TX 75063</u>	Basis for the claim:	
	<u>Line of Credit</u>	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3.11 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$14,100.00</u>
<u>No Place Like Home</u>	<input type="checkbox"/> Contingent	
<u>4524 Boat Club Rd</u>	<input type="checkbox"/> Unliquidated	
<u>#158</u>	<input type="checkbox"/> Disputed	
<u>Ft. Worth TX 76135</u>	Basis for the claim:	
	<u>Line of Credit</u>	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3.12 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>Unknown</u>
<u>Pinnacle Bank</u>	<input type="checkbox"/> Contingent	
<u>3325 Fairfield Ave</u>	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
<u>Ft Worth TX 76116</u>	Basis for the claim:	
	<u>Line of Credit</u>	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
Property foreclosed approximately Feruary 2023		

Debtor Careparth Healthcare System, LLP Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.13	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$15,500.00</u>
	<u>Texas WorkForce Commission</u>	<input checked="" type="checkbox"/> Contingent	
	<u>307 W 13th St</u>	<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Fort Worth TX 76196</u>	<u>Franchise Taxes</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.14	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$817.81</u>
	<u>Unlimited Paramount Tax Group</u>	<input type="checkbox"/> Contingent	
	<u>4025 Woodland Rd</u>	<input type="checkbox"/> Unliquidated	
	<u>Suite 310</u>	<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Fort Worth TX 76116</u>	<u>Line of Credit</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Careparth Healthcare System, LLP Case number (if known) _____

Part 4: **Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$823,000.00

5b. Total claims from Part 2 5b. + \$1,847,673.35

5c. Total of Parts 1 and 2 5c. \$2,670,673.35
Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name Careparth Healthcare System, LLP

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____ Chapter 7

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Fill in this information to identify the case:

Debtor name Careparth Healthcare System, LLP

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing address	Name	Check all schedules that apply:
2.1 Daniel Ezeukwu	2951 Arenoso Number Street Grand Prairie TX 75054 City State ZIP Code	Internal Revenue Services	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 George Nwora	 Number Street City State ZIP Code	Internal Revenue Services	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor Name Careparth Healthcare System, LLP

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets--Real and Personal Property (Official Form 206A/B)

1a. Real property: Copy line 88 from Schedule A/B.....	\$582,750.00
1b. Total personal property: Copy line 91A from Schedule A/B.....	\$0.00
1c. Total of all property Copy line 92 from Schedule A/B.....	\$582,750.00

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....	\$30,000.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F.....	\$823,000.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....	+ \$1,847,673.35
4. Total liabilities Lines 2 + 3a + 3b.....	\$2,700,673.35

Fill in this information to identify the case and this filing:

Debtor Name Careparth Healthcare System, LLP

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number
(if known) _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/11/2023
MM / DD / YYYY

X /s/ Daniel Ezeukwu
Signature of individual signing on behalf of debtor

Daniel Ezeukwu
Printed name
Managing Partner
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Careparth Healthcare System, LLP

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply.

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:	From <u>01/01/2023</u> to <u>MM/DD/YYYY</u>	Filing date	<input type="checkbox"/> Operating a business	<input type="checkbox"/> Other _____	<u>\$0.00</u>
For prior year:	From <u>01/01/2022</u> to <u>12/31/2022</u> MM/DD/YYYY		<input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Other _____	<u>\$1,212,593.00</u>
For the year before that:	From <u>01/01/2021</u> to <u>12/31/2021</u> MM/DD/YYYY		<input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Other _____	<u>\$7,088,509.00</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. <u>Texas Work Force Commission</u> Creditor's name <u>307 W 13th St Fort Worth</u> Street <u>Fort Worth, TX 76102</u> City _____ State _____ ZIP Code _____		<u>\$10,483.73</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>March 30, 2022 Garnish</u>

Debtor

Careparth Healthcare System, LLP

Name

Case number (if known)

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1.	Texas Work Force Commission		\$10,483.73	Garnishment of account
	Insider's name 307 W 13th St			
	Street Fort Worth, TX 76102			
	City State ZIP Code			
	Relationship to debtor none			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	Texas Work Force Commission	Garnishment of Account		\$10,483.73
	Creditor's name 307 W. 13th St			
	Street Fort Worth			
	City State ZIP Code			

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

☐ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	Tarrant County v Debtor	Tax Suit	17th District Court	<input checked="" type="checkbox"/> Pending
			Name	<input type="checkbox"/> On appeal
			Street	<input type="checkbox"/> Concluded
	Case number 017-D28760-21		Fort Worth TX 76102	
			City State ZIP Code	

Debtor **Careparth Healthcare System, LLP** Case number (if known) _____
Name

Case title	Nature of case	Court or agency's name and address	Status of case
7.2. National HME v Debtor		<div>Name</div> <div>Street</div> <div>City State ZIP Code</div>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number			

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<u>Law Office of Marilyn Garner</u>	<u>Attorney fees for Chapter 7</u>	<u>08/04/2023</u>	<u>\$4,000.00</u>
	Address			
	<u>2001 East Lamar Blvd., Suite 200</u>			
	<small>Street</small>			
	<u>Arlington</u>	<u>TX</u>	<u>76006</u>	
	<small>City</small>	<small>State</small>	<small>ZIP Code</small>	
	Email or website address			
	Who made the payment, if not debtor?			
	<u>David Hilary</u>			

Debtor Careparth Healthcare System, LLP Case number (if known) _____
Name

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

13. Transfers not already listed on this statement

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- ☐ diagnosing or treating injury, deformity, or disease, or
- ☐ providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☒ No.

☐ Yes. State the nature of the information collected and retained _____

Does the debtor have a privacy policy about that information?

☐ No.

☐ Yes.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.

☐ Yes. Fill in below:

Debtor **Careparth Healthcare System, LLP** Case number (if known) _____
Name

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Chase Bank Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX- _ _ _ _	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	Closed by bank	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Debtor **Careparth Healthcare System, LLP** Case number (if known) _____
Name

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?

Include settlements and orders.

- ☒ No
☐ Yes. Provide details below.

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address		Dates of service	
		From	To
26a.1.	Daniel Ezeukwu		
	Name		
	2951 Arenoso		
	Street		
	Grand Prairie	TX	
	City	State	ZIP Code

Debtor **Careparth Healthcare System, LLP** Case number (if known) _____
Name

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No.

☐ Yes. Give the details about the two most recent inventories.

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
George Nworo	4621 S Cooper Suite 131 P O Box 311 Arlington, TX 76017	Partner	50%
Daniel Ezeukwu	4621 S Cooper Suite 131 P O Box 311 Arlington, TX 76017	Partner	50%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
------	---------	-------------------------------------	---

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Debtor Careparth Healthcare System, LLP Case number (if known) _____
Name

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/11/2023
MM / DD / YYYY

X /s/ Daniel Ezeukwu Printed name Daniel Ezeukwu
Signature of individual signing on behalf of the debtor
Position or relationship to debtor Managing Partner

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No
☐ Yes

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

IN RE: **Careparth Healthcare System, LLP**

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 8/11/2023

Signature /s/ Daniel Ezeukwu
Daniel Ezeukwu
Managing Partner

Date _____

Signature _____

A/B Mac
Palmetto GBA, LLC
P O Box 100277
Columbia , SC 29202

American Express
P O Box 650448
Dallas, TX 75265-0448

Anderson County
703 Mallard
Suite 104
Palastine, TX 75801

Attorney General of Texas
Bankruptcy Section
PO Box 12548
Austin, TX 78711-2548

Capital One
P O Box 60599
City of Industry, CA 91716

Careparth Healthcare System, LLP
c/o Daniel Ezeukwu
2951 Arenoso
Grand Prairie, TX 75054

Daniel Ezeukwu
2951 Arenoso
Grand Prairie, TX 75054

Daniel Ezeukwu
2951 Arenoso
Grand Prairie, Tx 75054

Dr. Ike Nwabude
5720 Appalossa Dr
Grand Prairie, TX 75052

George Nwora

Homecare Rehab
2400 U S 287
Frontage Rd
Suite 108
Mansfield, TX 76063

Hosanna Investment LLC
2951 Arenoso
Grand Prairie, TX 75054

Internal Revenue Service
Special Procedures
PO Box 7346
Philadelphia, PA 19101-7346

Internal Revenue Services
P.O. Box 7346
Philadelphia, PA 19101

Medline Industries
Dept 1080
P O Box 121080
Dallas, TX 75312

National Home
7501 Esters Blvd
Ste 100
Irving, TX 75063

No Place Like Home
4524 Boat Club Rd
#158
Ft. Worth, TX 76135

Pinnacle Bank
3325 Fairfield Ave
Ft Worth, TX 76116

Tarrant County
100 E. Weatherford
Fort Worth, TX 76196

Texas WorkForce Commission
307 W 13th St
Fort Worth, TX 76196

Unlimited Paramount Tax Group
4025 Woodland Rd
Suite 310
Fort Worth, TX 76116

US Attorney General
Justice Building, Room 5111
10th & Constitution Avenue NW
Washington, DC 20530

William T. Neary
Office of the U.S. Trustee
1100 Commerce St, Room 976
Dallas, Texas 75242